

Division of Licensing and Protection

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Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 7, 2016

Ms. Jeanne Schmelzenbach, Manager
St Joseph Kervick Residence III
131 Convent Avenue
Rutland, VT 05701

Dear Ms. Schmelzenbach:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 14, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

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|---|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0298 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/14/2016 |
|---|---|---|--|

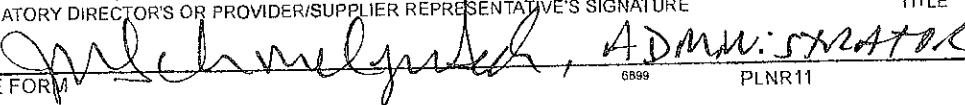
NAME OF PROVIDER OR SUPPLIER
ST JDESEPH KERVICK RESIDENCE III

STREET ADDRESS, CITY, STATE, ZIP CODE
131 CONVENT AVENUE
RUTLAND, VT 05701

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------------|---|---------------------|--|--------------------------|
| | R100 Initial Comments: An unannounced, on site investigation of a facility self report was coupled with an investigation of a complaint on 3/14/2016 by the Division of Licensing and Protection. There were no regulatory violations with the self reported event but findings were identified with the complaint. The details are as follows: | R100 | | |
| R114 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. | R114 | | |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE


STATE FORM

6899

PLNR11

TITLE

(X6) DATE

04-01-2016

If continuation sheet 1 of 2

R114 PDC accepted 4/7/16 Gcoleman/RJmc

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STREET ADDRESS, CITY, STATE, ZIP CODE
131 CONVENT AVENUE
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| R114 | <p>Continued From page 1</p> <p>iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal.</p> <p>iv. Place a copy of the notice in the resident's clinical record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the residential care home failed to provide a 30- day notice to 1 of 6 residents (# 1) discharged from the home without advance consent. The specifics are as follows:</p> <p>Per medical record review of Resident # 1, s/he was sent to the local emergency room on 12/4/2015 following an unwitnessed fall that resulted in a fractured foot. From the hospital, Resident #1 was admitted to a local nursing home for rehabilitative services. Physical therapy would last beyond the home's 45 day bed hold. Based on the time frame and the resident's overall decline in his/ her ability to remain safely at the residence at the time of the evaluation in the emergency room, s/he was discharged from the Residential Care Home on 1/31/2016.</p> <p>Resident # 1 is able to make his/ her own decisions and has no Power of Attorney on record with the home. There is no documentation in the medical record that Resident # 1 received a discharge notice that included the appeals process should s/he disagree with the proposed discharge or that s/he was asked about the disposition of personal property. This is confirmed during interview with the Administrator at 1:00 PM.</p> | R114 | <p>Resident #1:</p> <p>A customized 30 Day Notice of Discharge for Resident #1 is included with this Plan of Correction. Upon your approval, the letter will be sent to Resident #1 and the Long Term Care Ombudsman.</p> <p>Moving Forward:</p> <p>The St. Joseph Kervick Residence will provide a 30 Day Notice of Discharge to Residents in alternative care settings (Hospitals and LTC environments), once a decision has been made that the Resident will not be returning to the St. Joseph Kervick Residence.</p> <p>Administrator will ensure that a Notice Letter (copy) is in each Resident record upon D/C from the Home - while in LTC environments - by chart audit.</p> | |

John Chmelnyzki, Administrator 04-01-2016